

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17163  
STATE FILE NUMBER  
2108

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

|   |  |  |  |  |   |  |  |
|---|--|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                         |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |  |  |  | c. CITY OR TOWN <b>KANSAS CITY</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>124 NORTH DENVER AVE</b>  |  |  |  | d. STREET ADDRESS (If outside, give location)<br><b>124 NORTH DENVER AVE</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |  |
| Length of stay in lb <b>39 YEARS</b>  |  |  |  |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>MINNIE</b> Middle <b>NADINE</b> Last <b>KELSO</b>   |  |  |  | 4. DATE OF DEATH Month <b>MAY</b> Day <b>2</b> Year <b>1957</b>  |   |  |  |
| 5. SEX <b>FEMALE</b>  |  | 6. COLOR OR RACE <b>WHITE</b>                    |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>        |   | 8. DATE OF BIRTH <b>MAR-23-1901</b>  |  |
| 9. AGE (In years last birthday) <b>56</b>   |  | 10. UNDER 1 YEAR Months Days Hours Min.          |  | 11. BIRTHPLACE (City and state or country) <b>BLACKWATER MO.</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>GRANT CLARK</b>   |  |  |  | 13b. MOTHER'S MAIDEN NAME <b>EMMA DILTHEY</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>CLARENCE H. KELSO</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |  |  |  | 16. SOCIAL SECURITY NO. <b>NONE-4668</b>   |   | 17. INFORMANT <b>CLARENCE H. KELSO</b> Address <b>124 NORTH DENVER KANSAS CITY, MO.</b>        |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Glioblastoma of Cerebrum</b>   |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>193X</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |  |  |  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |  |  |  |   | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |   |  |  |
| 20c. TIME OF INJURY Hour a.m. p.m.  |  |  |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |  |  |
| 21. I attended the deceased from <b>Jan 27, 1957</b> to <b>May 2, 1957</b> and last saw her alive on <b>May 2, 1957</b><br>Death occurred at <b>12:25 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>M. W. Huffman M.D.</b>  |  |  |  | 22b. ADDRESS <b>5242 St John Kansas City Mo</b>  |   | 22c. DATE SIGNED <b>5/3/57</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  | 23b. DATE <b>MAY 4-1957</b>                      |  | 23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>   |   | 23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>                      |  |
| 24. FUNERAL DIRECTOR <b>D.W. NEWCOMER &amp; SONS</b>  |  | ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b> |  | 25. DATE RECD. BY LOCAL REG. <b>5-4-57</b>   |   | 26. REGISTRAR'S SIGNATURE <b>neva minshall</b>   |  |



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4921  
P. O. Address KCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.